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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Applicant : Masayoshi Nanami et al.

) Group Art Unit 3617

Appl. No. : 10/717,034

) I hereby certify that this correspondence and all  
) marked attachments are being deposited with the  
) United States Postal Service as first-class mail in  
) an envelope addressed to: Commissioner for  
) Patents, P.O. Box 1450, Alexandria, VA 22313-  
) 1450, on

Filed : November 18, 2003

For : CONTROL SYSTEM FOR  
SMALL WATERCRAFT

February 17, 2005

(Date)

Examiner : Ajay Vasudeva

) Michael A. Guiliana, Reg. No. 42,611

AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed November 18, 2004, Applicants respectfully submit the following amendments and comments in connection with the above-captioned application.

**Amendments to the Specification** begin on page 2 of this paper.

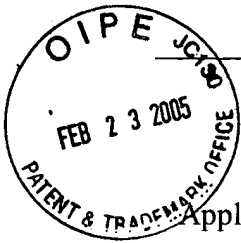
**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.

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200.00 OP

Please Direct All Correspondence to Customer Number **20995****AMENDMENT / RESPONSE TRANSMITTAL**

Applicant : Masayoshi Nanami et al.  
App. No : 10/717,034  
Filed : November 18, 2003  
For : CONTROL SYSTEM FOR SMALL WATERCRAFT  
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Art Unit : 3617

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

February 17, 2005

(Date)

Michael A. Guiliana, Reg. No. 42,611

**Mail Stop Amendment**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

(X) Amendment in 8 pages.

The fee has been calculated as shown below:

| FEE CALCULATION    |            |              |                      |              |
|--------------------|------------|--------------|----------------------|--------------|
| FEE TYPE           |            | FEE CODE     | CALCULATION          | TOTAL        |
| Total Claims       | 7 - 20 = 0 | 1202 (\$50)  | 0 x 50 =             | \$0          |
| Independent Claims | 4 - 3 = 1  | 1201 (\$200) | 1 x 200 =            | \$200        |
|                    |            |              | <b>TOTAL FEE DUE</b> | <b>\$200</b> |

(X) A check in the amount of \$200 is enclosed.

(X) Return prepaid postcard.

(X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

Michael A. Guiliana  
Registration No. 42,611  
Attorney of Record  
Customer No. 20,995  
(949) 760-0404